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Attorney's Docket: 040021-0305239 Client Reference: OPP 030850 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of:

Confirmation No: 9321

BAE

07-28-2005 11:58

Application No.: 10/626,550

Group Art Unit: 2823

Filed: July 25, 2003

Examiner: Lex Malsawma

Title: METHOD OF FORMING METAL WIRING IN A SEMICONDUCTOR DEVICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATION OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8

I hereby certify that the following papers are being transmitted by facsimile to Examiner Lex Malsawma at the Patent and Trademark Office at (571) 273-8300 on the date shown below:

- Transmittal
- Amendment

PILLSBURY WINTHROP SHAW PITTMAN LLP

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Date: July 27, 2005

TOTAL NUMBER OF PAGES IN FACSIMILE: 10

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AMENDMENT/RESPONSE TRANSMITTAL

Transmitted herewith is an amendment/response for this application.

FEES

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

RE	CLAIMS EMAINING AFTER ENDMENT	PRE\	EST NO. /IOUSLY D FOR		ESENT XTRA	RA	TE.		ADDIT FEE	
TOTAL	5	_	20	=	0	X S	50.00	=	\$	0.00
INDEP.	1	_	3	=	0	x \$	200.00	=	\$	0.00
FIRST PRE	SENTATION	OF	MULTIPLE	DE	P.	+ \$	360.00	=	\$	0.00
TOTAL ADDITIONAL CLAIM FEE								\$	0.00	
						GRANE	TOTAL		\$	0.00

BAE - - 10/626,550

Attorney's Docket: 040021-0305239

FEE PAYMENT

Authorization is hereby made to charge the amount of \$0.00 to Deposit Account No. 033975. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

Date: July 28, 2005

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TOTAL	5	_	20	=	0	x \$	50.00	=	\$	0.00
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FIRST PRESENTATION OF MULTIPLE DEP. + CLAIM \$ 360.00								=	\$	0.00
TOTAL ADDITIONAL CLAIM FEE									\$	_0.00
GRAND TOTAL							TOTAL		\$	0.00

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AMENDMENT UNDER 37 C.F.R. § 1.111

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In reply to the Office Action dated April 28, 2005, please amend the above-identified application as follows: